

TAMALA HOLLAND  
PARALEGAL SPECIALIST  
DESIGNATED OFFICE  
(703) 305-6489

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19		/					69				
20	/						70				
21	/						71				
22	/						72				
23	/						73				
24							74				
25							75				
26							76				
27							77				
28	/						78				
29	/						79				
30	/						80				
31	/						81				
32	/						82				
33	/						83				
34	/						84				
35	/						85				
36	/						86				
37	/						87				
38	/						88				
39	/						89				
40	/						90				
41	/						91				
42	/						92				
43	/						93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	38	←	←	←	←		TOTAL DEP.	←	←	←	
TOTAL CLAIMS	43						TOTAL CLAIMS				